

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875

SERIAL NO. 09/830888

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1						61		15		15	
3		2						52		15		15	
4		0						53		6		6	
5		0						54		6		6	
6		2						55		6		6	
7	1							56					
8		1						57					
9		2						58					
10		0						59					
11		0						60					
12		0						61					
13		1						62					
14		3						63					
15		0						64					
16		0						65					
17			1		1			66					
18				1		1		67					
19				1		1		68					
20				1		1		69					
21				1		1		70					
22				1		1		71					
23				1		1		72					
24				1		1		73					
25				1		1		74					
26				1		1		75					
27				1		1		76					
28				1		1		77					
29				1		1		78					
30				1		1		79					
31				1		1		80					
32			1		1			81					
33				1		1		82					
34				1		1		83					
35				1		1		84					
36				1		1		85					
37				1		1		86					
38				1		1		87					
39				1		1		88					
40				1		1		89					
41				1		1		90					
42				1		1		91					
43				1		1		92					
44				1		1		93					
45				1		1		94					
46				1		1		95					
47				1		1		96					
48				1		1		97					
49				1		1		98					
50				9		9		99					
TOTAL NO.	2							100					
TOTAL DEP.	17							TOTAL IND.	2		2		
TOTAL CLAIMS	19							TOTAL DEP.	88		88		
								TOTAL CLAIMS	90		90		

TO-1360 (2-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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1863

CLAIMS ONLY							Application Number		Filing Date		
									09/830,888		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED 9/27/04		AFTER FIRST AMENDMENT 12/20/04		AFTER SECOND AMENDMENT 3/22/05						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1											
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39		/		/		/					
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43		/		/		/					
44		/		/		/					
45		/		/		/					
46		/		/		/					
47		/		/		/					
48		/		/		/					
49		/		/		/					
50		9		9		9					
Total Indep											
Total Depend		40		40		40					
Total Claims											
51		15		15		15					
52		15		15		15					
53		15		15		15					
54		15		15		15					
55		15		15		15					
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100											
Total Indep		2		2		2					
Total Depend		115		115		115		15		115	
Total Claims		117		117		117				117	

CLAIMS ONLY							Application Number <b>09/830,888</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments.				
CLAIMS	AS FILED <b>7/5/05</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT <b>1/17/06</b>						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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37		/		/		/				/	
38		/		/		/				/	
39		/		/		/				/	
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41		/		/		/				/	
42		/		/		/				/	
43		/		/		/				/	
44		/		/		/				/	
45		/		/		/				/	
46		/		/		/				/	
47		/		/		/				/	
48		/		/		/				/	
49		/		/		/				/	
50		9		9		9					
Total Indep											40
Total Depend											
Total Claims											
51		15		15		15				15	
52		15		15		15				15	
53		15		15		15				15	
54		15		15		15				15	
55		15		15		15				15	
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100											
Total Indep											45
Total Depend											
Total Claims											

383